

SUBCONTRACTORS AFFIDAVIT

3120 Stonecrest Blvd. ● Stonecrest, Georgia 30038 ● (770) 224-0172 ● www.stonecrestga.gov

REQUIREMENTS:

- 1. This form must be completed, signed, and submitted to the Building Permits Section prior to construction.
- 2. Please provide a copy of the licenses holder ID, business license and State of Georgia license.
- 3. No inspections are allowed until the appropriate Subcontractor Affidavit form is submitted to the Building Permits Section.

Name of License Holder:			
Company Name:	Address:		
State License Number:	Expiration Date:		
Business License Number: _	Jurisdiction:		Expiration Date:
Email Address:	Phone Number:		
Select scope of work lice	ense holder is responsible fo	or:	
□ Electrical □ Kitchen Hood □ Refrigeration System	☐ Plumbing ☐ Water Service Only ☐ Sewer Line Connection	☐ HVAC/Mechanical☐ Gas Piping☐ Sewer Lateral Only	☐ Septic Tank Only ☐ Septic Line Connection ☐ Mobile Home Installation
License holder declares r	responsibility for scope of v	work indicated for the	following permits:
1. Building permit Number:	General Contractor:		
Job Site Address:			
2. Building permit Number:	General Contractor:		
Job Site Address:			
	General Contractor:		
Job Site Address:			
Job Site Address:			
			any change in my status on this installation, I partment has been notified, in writing, of any
Signature of Subcontractor:	DATE:		
Notary Public:			
State of Georgia Sworn to subscribe befor This day of	steal/stam re me 20		